



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 19, 2011

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Wicked Smoke, 1603 West 'O' Street requesting a class D liquor license.

Mellissa Austin, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Mellissa Austin was born in Lincoln, Nebraska. She attended Lincoln High School graduating in 1996.

Mellissa Austin employment history is as follows:


2005 - Present	Manager, DC Title	Lincoln, NE.
2005	Manager, Prestige Title	Lincoln, NE.

Self disclosed criminal histories have been included for your review.

The applicant has been informed of the required.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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SEP 10 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of State's Office)

Name of Registered Agent: Melissa J. Austin

Name of Corporation that will hold license as listed on the Articles

Wicked Smoke, Inc.

10143557

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporation Address: 1603 West O Street

City: Lincoln

State: NE

Zip Code: 68528

Corporation Phone Number: 402-477-0156

Fax Number

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Austin

First Name: Melissa

MI: J.

Home Address: 210 West 6th Street

City: Hickman

State: Nebraska

Zip Code: 68372

Home Phone Number: 402/601-1734

Melissa Austin

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

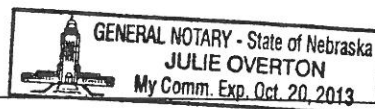
The foregoing instrument was acknowledged before me this

30th of August, 2011

Date

by Melissa Austin
name of person acknowledge

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Austin First Name: Mellissa MI: J.
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 10,000
Spouse Full Name (indicate N/A if single): Jon Austin
Spouse Social Security Number: _____ Date of Birth: _____

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CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☐ MALE ☒ FEMALE

Last Name: Austin First Name: Melissa

OCT 5 2011

MI: J.

Home Address (include PO Box if applicable): 210 W. 6th Street

NEBRASKA LIQUOR
CONTROL COMMISSION

City: Hickman County: Lancaster Zip Code: 68372

Home Phone Number: 402/601-1734 Business Phone Number: 402/477-0156

Social Security Number: _____ Drivers License Number & State: _____ Nebraska

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Austin First Name: Jon MI: M.

Social Security Number: _____ Drivers License Number & State: _____ Nebraska

Date Of Birth: _____ Place Of Birth: Lancaster County, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2001	2007	Lincoln, NE	2001	2007
Eagle, NE	2007	2009	Eagle, NE	2007	2009
Hickman, NE	2009	2011	Hickman, NE	2009	2011

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

10/05/2011

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

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STATE OF NEBRASKA - DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126-

NEBRASKA LIQUOR
CONTROL COMMISSION

CHILD - NAME FIRST MIDDLE LAST Melissa Joy Schafer				SEX Female	DATE OF BIRTH (Month, Day, Year) 3b	HOUR 3b 3:45P
HOSPITAL - NAME (If not in hospital, give street and number) 4a Bryan Memorial Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b yes	CITY, TOWN, OR LOCATION OF BIRTH 4c Lincoln		COUNTY OF BIRTH 4d Lancaster	
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a <i>M. E. Holzelaw M.D.</i>				DATE SIGNED (Month, Day, Year) 3b 2/13/78	NAME AND TITLE OF ATTENDANT (If other than certifier) 5c M.D.	
CERTIFIER - NAME AND TITLE (Type or print) 6a M. E. Holzelaw M.D.				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b 3145 "O" Street Lincoln, Nebraska		
REGISTRAR - SIGNATURE 7a <i>[Signature]</i>				DATE RECEIVED BY REGISTRAR MONTH DAY YEAR 7b APR 26 1978		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST 8a Mary Kay Snuffin				AGE (At time of this birth) 8b 24	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c Lincoln, Nebraska	
RESIDENCE - STATE 9a Nebr.	COUNTY 9b Lancaster	CITY, TOWN, OR LOCATION (Include zip code) 9c Lincoln 68504	INSIDE CITY LIMITS (Specify Yes or No) 9d yes	STREET AND NUMBER 9e 3445 St. Paul		
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
FATHER - NAME FIRST MIDDLE LAST 10a James Leroy Schafer				AGE (At time of this birth) 10b 28	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 10c Lincoln, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 11a <i>Mary Kay Schafer</i>				RELATION TO CHILD 11b Mother		
12a Other informant(s)						

STATE OF NEBRASKA

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DATE OF ISSUANCE

10/05/2011

LINCOLN, NEBRASKA

STANLEY S. COOPER

ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

128—

77

CHILD—NAME FIRST MIDDLE LAST Jon Michael Austin			DATE OF BIRTH—(MONTH, DAY, YEAR) Mo. Day Year 2 7 01		HOUR 7:01 P.
SEX Male	THIS BIRTH—(SINGLE, TWIN, TRIPLET, ETC.) Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 1		COUNTY OF BIRTH Lancaster	
CITY, TOWN, OR LOCATION OF BIRTH Lincoln, Nebraska		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) St. Elizabeth Community Health Center		
MOTHER—MAIDEN NAME FIRST MIDDLE LAST Victoria Lynn Schwarck			AGE AT TIME OF THIS BIRTH 27	STATE OF BIRTH IF NOT IN U.S.A.—NAME COUNTRY Nebraska	
RESIDENCE—STATE Nebraska	COUNTY Lancaster	CITY, TOWN, OR LOCATION, ZIP CODE Lincoln 68504	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER 4510 Madison	
FATHER—NAME FIRST MIDDLE LAST Lloyd Wayne Austin, Jr.			AGE AT TIME OF THIS BIRTH 30	STATE OF BIRTH IF NOT IN U.S.A.—NAME COUNTRY Missouri	
INFORMANT—NAME OR SIGNATURE Victoria Lynn Schwarck Austin			RELATION TO CHILD Mother		
I CERTIFY THAT THE ABOVE-NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE DATED ABOVE			DATE SIGNED Mo. Day Year 2 7 01	ATTENDANT—M.D., D.O., OTHER (SPECIFY) M.D.	
SIGNATURE N. L. Simon, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Box 30209, Lincoln, Nebraska		
REGISTRAR—SIGNATURE (Signature)			DATE RECEIVED BY LOCAL REGISTRAR Mo. Day Year 10 2 5 1977		